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ABSTRACT

As part of a larger project begun three years after the adoption of the Australian Early Childhood Association (AECA) Code of Ethics, this study sought practitioners' views about formal enforcement of a code of ethics for early childhood personnel. Questionnaires were sent to directors of 200 early childhood services in New South Wales; about 225 practitioners in 109 centers responded. The results of the study confirm that the majority of practitioners, regardless of their situation, qualifications, position of responsibility, or experience, perceive ethical issues as worth struggling with intellectually, and are committed to adherence to a uniform code of ethics for early childhood personnel. Though opinion is divided about whether adherence should be voluntary or compulsory, and about what body should be responsible for monitoring adherence to a code, there is a detectable tendency for those practitioners with more years of experience to record positive responses to the notion of compulsory adherence and enforcement by a professional body. Despite their strong support for action to be taken for code violation, practitioners' preference for appropriate action is limited to counseling and reprimand. (Contains 11 references.) (EV)

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AN ENFORCEABLE CODE OF ETHICS: WHAT DO PRACTITIONERS THINK?

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ABSTRACT

This paper reports findings of a study which explores early childhood practitioners' thinking about the monitoring and enforcement of a code of ethics for their profession. Responses of over 200 practitioners to a postal questionnaire indicate a level of support for compulsory adherence to a code and an even higher level of support for the taking of action against those involved in code violations. Practitioners nominate the employer or professional associations as appropriate agents for such action. Implications for the Australian Early Childhood Association Code of Ethics are discussed.

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INTRODUCTION

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Codes of Ethics

From sets of agreed core values, professionals develop codes of ethics which state the objectives and norms relevant to professions. These public statements of their obligations to clients include such aims as aspiring to ideals, maintaining standards, upholding principles and adhering to rules and procedures (Bayles, 1981; Rich, 1984; Sockett, 1990). According to Rich (1984:46):

Professional ethical codes ... are models of the kind of behaviour that professionals are expected to observe in their practice. Thus the model guides the practice and the professionalism of the practice is evaluated with reference to the models.

The Australian Early Childhood Association, Inc. (AECA) Code of Ethics can be described as an exemplary code. Though it targets practitioners, that is, those personnel who work directly with children on a daily basis, the Code also applies to all personnel whose work relates to children. The Code is positively stated, includes guiding principles and avoids laying down rules of conduct. It explicates the responsibilities of early childhood personnel to each client group, that is, to children, families and the community, as well as to themselves and colleagues. The Code's guiding principles are written as statements that identify priorities and characteristics considered important in the provision of quality programs for children and families. The guideline statements also describe how early childhood personnel should conduct themselves in their relationships with others (Stonehouse, 1994). It is the Code's emphasis on what behaviour is right and good rather than expedient and practical (Katz & Ward, 1978) that assists early childhood personnel to make appropriate decisions when confronted by ethical dilemmas.

Enforcing Codes of Ethics

Codes of professional ethics are understood to be part of the formal agreement made between professionals who provide services and clients who are beneficiaries of services (Coady, 1991). As such, codes assume a level of contractual status which implies that professionals have an obligation to adhere to codes and that clients can expect some kind of redress when codes are violated. The appropriate professional associations usually monitor codes and take action when breaches of codes occur. These actions are often supported by law (Bayles,

1981; Rich, 1984; Sockett, 1990). Sometimes, codes are enforced by the employer. For example, in the USA, education profession codes of ethics are enforced by school boards or administrative officials (Rich, 1984). The enforcing body, whether it be the professional association or the employer, has the power to exact penalties for code violations: these include laying blame, ostracism, boycotting, exclusion from the professional association, suing for malpractice, and suspending or revoking a licence to practice (Bayles, 1981; Rich, 1984).

While some argue that, for codes to be effective, they need to be enforced and that violations should attract penalties (Bowie, 1982 cited in Coady, 1991; Sockett, 1990), others believe that sanctions do not necessarily ensure adherence to codes. Bayles (1981) and Coady (1991) cite a number of reasons for professions not imposing, or not proceeding to impose, penalties when they have the power to do so. Often the sanctioning body is not advised of breaches of the code; there is the issue of professional interest versus public interest to consider; and the vague language often used in codes leaves complaints open to interpretation. Bayles (1981) also notes that imposed sanctions are often perceived by the public as being lenient. Coady (1991) adds that some would argue that to have a code without sanctions is just a form of window-dressing, a token reassurance for the public.

Of more serious concern is the fear that legislation or 'pseudo-legislation of a precisely defined code of ethics backed by sanctions' (Coady, 1991:19) may result in professionals 'being more anxious to obey the letter of the regulation than to give altruistic service' (1991:19) and so put at risk a virtue of professionals highly valued by clients. Whether or not codes are enforced and sanctions attached to them, there is general agreement that public statements of agreed best practice establish standards and, that when codes are publicised and discussed, these standards are likely to be better defined and maintained. The very existence of codes helps maintain standards so that some level of protection is offered to both professionals and clients.

The National Working Party responsible for developing the AECA Code of Ethics rejected the notion of formal enforcement, as it applies in the traditional professions, in favour of voluntary adherence. Barbara Piscitelli, a member of the National Working Party, reasoned:

To use the power of an external authority to impose standards of conduct on people seems to me to be the opposite of what we had originally intended. Thus, I would prefer to see the Code become a well known and publicised statement which would guide the conduct of practitioners, policy-makers and others within the field of early childhood. As such, I feel the existence of the Code will assist people in seeing a unified purpose to their work and in making clearer decisions about difficult issues. (Piscitelli, 1990 cited in Stonehouse & Creaser, 1991:10.)

The study

As part of a larger project begun three years after the adoption of the Code, the researcher sought practitioners' views about formal enforcement of a code of ethics for early childhood personnel. It was considered important that practitioners should be given the opportunity to express their beliefs, given that the Code is primarily directed towards them as personnel in daily contact with children and families. In their work, practitioners are more likely to encounter ethical issues and be confronted by ethical dilemmas than are personnel who work either on behalf of children or indirectly with children and families. As a consequence, it is practitioners who are more likely to be at risk of breaching the Code and who are more likely to face penalties for code violation.

METHOD

The sample

The views of practitioners were surveyed by means of a postal questionnaire. Questionnaires were sent to Directors of 200 early childhood services located in three coastal regional areas

of New South Wales. Services included preschools, long day care centres, multi-purpose centres, occasional care centres and mobile vans. The majority of services were community-based; some were privately owned; a few were managed by either a council or KU Children's Services. Three questionnaires were sent to each service. Practitioners were invited to make more copies for interested staff including casual staff, cooks and clerical assistants, and to return completed questionnaires anonymously in reply-paid envelopes provided. Participation in the survey was voluntary.

The survey

The questionnaire gathered background information about the practitioners' type and location of service, type of employment, job description, qualifications and experience. It sought their perceptions about the adoption and impact of a code of ethics for early childhood personnel. It also explored practitioners' knowledge of and beliefs about the AECA Code of Ethics. One question focussed specifically on practitioners' beliefs about enforcement of a code of ethics and about a range of possibilities for sanctions. It sought an ordinal scaled response to each statement in a list of statements, each with a four-category response ranging from 'strongly disagree' to 'strongly agree'.

The first set of statements was concerned with the notions of commitment, compulsion and punishment:

- * We should all work by a uniform code of ethics.
- * We should adhere to a uniform code voluntarily.
- * Adherence to a uniform code should be compulsory.
- * If we break our code some action should be taken against us.

The next set of statements sought a nomination of the group which should be responsible for action when breaches of a code occur:

- * Action for code violation should be taken by our professional association.
- * Our employer should be responsible for taking action.

The third set of statements concerned the treatment of the individual responsible for a code violation:

- * Severity of code violation should influence the type of action taken.
- * The type of action should depend on the circumstances of each situation.

The last set of statements was designed to elicit beliefs about the types of actions which could be taken when violations of the code occurred. These types of actions ranged from supportive practices to severe and public punishments. The first four statements related to individual breaches of a code, whereas the last two related to services and the occupation in general:

- * A type of appropriate action is counselling.
- * Suspension is an appropriate type of action.
- * An appropriate type of action is a reprimand.
- * Dismissal is an appropriate type of action.
- * An appropriate type of action is withdrawal of service licence.
- * A uniform code should be supported by law.

Practitioner responses were analysed using descriptive statistics.

RESULTS

Responses were received from 225 practitioners in 109 services. Only responses to the question about enforcement and a range of possibilities for sanctions are presented in this section of the paper. Responses to other questions have been reported elsewhere (Pollnitz, 1993; Pollnitz, 1994). All findings presented in tables are expressed as percentages.

In response to the first set of statements concerning notions of commitment, compulsion and punishment, a majority (82.0%) of practitioners either agreed or strongly agreed that there should be a uniform code of ethics for all early childhood personnel. More than half of the respondents (63.7%) either agreed or strongly agreed that adherence to a code should be voluntary, and 47.8% either agreed or strongly agreed that adherence to a code should be compulsory. The data were further analysed to ascertain the level of agreement of respondents about voluntary and compulsory adherence based on their qualification and years of experience. The findings are presented in the following tables.

TABLE 1

VOLUNTARY AND COMPULSORY ADHERENCE TO A CODE IN RELATION TO
PRACTITIONERS' QUALIFICATIONS

Qualifications	Number of Respondents	Agree/Str Agree Voluntary Adherence	Agree/Str Agree Compulsory Adherence
No qualification	27	77.8	29.6
Other qualification	32	62.5	40.6
Mothercraft Nurse	4	50.0	25.0
CCCS	29	55.2	31.0
CCC	15	73.3	53.3
Assoc. Diploma	8	62.5	50.0
Dip. Teach (EC)	71	54.9	64.8
BEd (EC)	17	70.6	41.2

Though 50% or more of the practitioners in each qualification-based category either agreed or strongly agreed with voluntary adherence to a code, practitioners with no early childhood qualifications, those with Child Care Certificates and Bachelors of Education (Early Childhood) rated voluntary adherence more highly than practitioners with other qualifications, Mothercraft Nurses, and practitioners with Certificates in Child Care Studies, Associate Diplomas, and Diplomas in Teaching (Early Childhood). In six out of eight qualification categories, 50% or less practitioners either agreed or strongly agreed with compulsory adherence to a code. Practitioners with Diplomas in Teaching (Early Childhood) rated compulsory adherence more highly than all other groups. Practitioners with no qualifications were least in favour of compulsory adherence. No consistent pattern of support for either voluntary or compulsory adherence to a code, based on practitioner qualifications, emerged from these results.

TABLE 2

VOLUNTARY AND COMPULSORY ADHERENCE TO A CODE IN RELATION TO
PRACTITIONERS' YEARS OF EXPERIENCE

Years of Experience	Number of Respondents	Agree/Str Agree Voluntary Adherence	Agree/Str Agree Compulsory Adherence
< 1 yr	12	66.7	16.7
1-5 yrs	71	62.0	40.9
6-10 yrs	70	60.0	52.9
11 + yrs	53	64.2	52.8

For each category, based on years of experience, support for voluntary adherence to a code varied within a range of 6-7%, and in all categories 60% or more practitioners favoured voluntary adherence regardless of their years of experience. There was a 36.1% variation of support for compulsory adherence ranging from 16.7% of practitioners with less than one year of experience to 52.9% of practitioners with between six and ten years of experience who all either agreed or strongly agreed with compulsory adherence. Support for compulsory adherence increased with practitioners' years of experience.

In response to the set of statements which sought nomination of the group to be responsible for action when breaches of a code occur, 59.0% of practitioners either agreed or strongly agreed that a professional association should be responsible, and 70.5% either agreed or strongly agreed that an employer should be responsible. The data were further analysed to ascertain the level of agreement of respondents, based on their qualification and years of experience, about which body should enforce a code. The findings are presented in the following tables.

TABLE 3

PRACTITIONERS' PREFERRED CODE ENFORCEMENT BODY IN RELATION
TO THEIR QUALIFICATIONS

Qualifications	Number of Respondents	Agree/Str Agree Professional Assoc	Agree/Str Agree Employer
No qualification	27	48.1	66.7
Other qualification	32	37.5	78.1
Mothercraft Nurse	4	100.0	75.0
CCCS	29	58.6	62.1
CCC	15	60.0	86.7
Assoc. Diploma	8	37.5	75.0
Dip. Teach (EC)	71	67.6	67.6
BEd (EC)	17	58.8	52.9

Practitioners with Associate Diplomas and other qualifications least favoured enforcement by a professional association; Mothercraft Nurses unanimously favoured enforcement by a professional association. Practitioners with Child Care Certificates most favoured, while those with a Bachelor of Education least favoured, enforcement of a code by the employing body. No consistent pattern emerged from these results matching practitioner qualification with support for employer enforcement or professional association enforcement of a code.

TABLE 4

PRACTITIONERS' PREFERRED CODE ENFORCEMENT BODY IN RELATION
TO THEIR YEARS OF EXPERIENCE

Years of Experience	Number of Respondents	Agree/Str Agree Professional Assoc.	Agree/Str Agree Employer
< 1 yr	12	41.7	58.3
1-5 yrs	71	52.1	62.0
6-10 yrs	70	58.6	74.3
11 + yrs	53	66.0	71.7

Support for enforcement of a code by a professional association increased with practitioners' years of experience. Support for enforcement of a code by the employing body also increased with practitioners' years of experience, with the exception of those practitioners who had worked in services for 11 years or more.

In response to the third set of statements concerned with treatment of an individual responsible for a code violation, practitioners strongly supported the statement that the type of action taken should be related to the severity of the breach (86.1%), and even more strongly supported the notion that action for code violation should be individualised. In response to the statement about the type of action appropriate for unethical behaviour, 97.1% of practitioners either agreed or strongly agreed that the type of action taken should depend on the circumstances. Several respondents reinforced this notion by bracketing all the statements about types of possible action and adding a note that their choice of action would depend on the specific situation.

Finally, responses were analysed to the set of statements designed to elicit beliefs about the appropriateness of actions of varying severity (ranging, for individuals, from counselling to dismissal, and for services, including withdrawal of licence). The findings are presented in the following table that scales numbers of types of action in increasing magnitude.

TABLE 5
NUMBER OF APPROPRIATE TYPES OF ACTION FOR CODE VIOLATION

Number of Actions	Agree/Str Agree
None	2.5
One	14.3
Two	31.5
Three	14.3
Four	17.2
Five	20.2

Only 2.5% of practitioners either agreed or strongly agreed that none of the actions was appropriate. This low percentage is consistent with the finding that a majority of practitioners believe some action should be taken against those who violate a code of ethics. It is also apparent that, as the number of suggested types of action increases, there is a tendency for a corresponding increase in percentage level of practitioner agreement. The tendency is not consistent, however; for example, the percentage of practitioners who agreed or strongly agreed that two types of action were appropriate is considerably higher than the level of agreement about five types of action. In order to explain this variation, the data were further analysed to determine the percentage of practitioners who either agreed or strongly agreed with the appropriateness of each type of action in the suggested range.

The findings are presented in the following table that lists types of actions in increasing severity.

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TABLE 6
APPROPRIATENESS OF TYPE OF ACTION FOR CODE VIOLATION

Type of Action	Agree	Str Agree	Total
Counselling	73.0	19.5	92.5
Reprimand	82.1	2.1	84.2
Suspension	45.3	1.6	46.9
Dismissal	42.7	1.1	43.8
Licence withdrawal	33.9	2.6	36.5

As the severity of the type of action increased from helping practices to punishments, it was found that increasing numbers of practitioners did not respond to individual statements, though the response rate was still high. Of the 206 practitioners, six did not respond to the statement about counselling, eleven did not respond to the statement about reprimand, 14 did not respond to the statement about suspension, 21 did not respond to the statement about dismissal, and 17 did not respond to the statement about licence withdrawal.

Table 6 indicates that, as the severity of action increases, the level of practitioner agreement decreases. Counselling, a helping practice, is practitioners' most approved choice of action with the least strong punishment, reprimand, rated next. This finding accounts for the variation identified in practitioners' response to the numbers of appropriate action for code violation. There is a 3.7% drop in agreement about these two types of action to agreement about the stronger punishments of suspension and dismissal. Dismissal is the least approved type of individual action and withdrawal of service licence the least approved type of action.

DISCUSSION

To further discussion data obtained from practitioner responses to other parts of the questionnaire are included in this section.

In response to an open-ended question, practitioners gave examples of ethical issues or dilemmas they had encountered in their work relationships. Two areas of significant concern emerged from the range of examples given by practitioners: firstly, practitioners' concern about being requested to treat children in either harmful or inappropriate ways; and, secondly, their concern about colleagues' work practices. In addition, analysis of the examples they provided indicated that ethical issues arose more frequently between staff and parents/primary family caregiver, and between staff and staff, than between people in other relationships, for example, staff-management/employer, staff-children, and staff-community. Practitioners' experience and expressed level of concern may account for the strong support they gave for adherence to a uniform code of ethics for early childhood personnel. Their majority support for adherence to a uniform code of ethics indicates a high level of commitment to the provision of quality service programs for children and families, and is evidence of acceptance of their obligation to ensure the well-being of the children with whom they work. Practitioners' support for adherence to a uniform code of ethics should also be perceived as an expression of their professionalism.

Though more than half of the practitioners rejected compulsory adherence to a code, over half, too, supported the taking of some action against those who breach a code of ethics. It is clear from this finding that practitioners do not reject compulsory adherence on the pretext that voluntary adherence will allow them to 'get away' with unethical behaviour, but that they regard unethical behaviour as a serious matter which should be dealt with appropriately. Despite this view, however, and despite their support for action being commensurate with the gravity and circumstances of code violation, practitioners' much preferred choices of types of

action are limited to the helping practice of counselling and the least punitive measure of reprimand. There is markedly less support for the more punitive actions of suspension and dismissal for individuals, and least support for withdrawal of service licence.

Practitioners' preference for voluntary adherence to a code reflects Piscitelli's (1990 cited in Stonehouse & Creaser, 1991) and the National Working Party's position on the issue of enforcement of a code for early childhood personnel. Piscitelli's (1990:10) statement has been quoted in part previously but it is appropriate to quote it here in full, as it not only puts the position for voluntary adherence but also points to the problems inherent in adopting a policy of compulsion.

On the matter of implementation of the Code of Ethics, I feel our Code is best described as a guideline to moral conduct within the field. I do not feel that AECA or any other group has the power to bind individuals to such conduct. I feel that AECA can provide the people who work within our field with some clear indicators of their moral duty towards children; this is the purpose of the Code. I would not want to see an enforcement policy in place for the moral conduct of early childhood professionals. To use the power of an external authority to impose standards of conduct on people seems to me to be the opposite of what we had originally intended. Thus, I would prefer to see the Code become a well known and publicised statement which would guide the conduct of practitioners, policy makers and others within the field of early childhood. As such, I feel the existence of the Code will assist people in seeing a unified purpose to their work and in making clearer decisions about difficult issues.

The difficulty for the AECA acting as an enforcement body for a code of ethics is its status in the field. Though the AECA is recognised as 'a strong national association with membership open to all those who embrace its objectives' (Stonehouse, 1994:119), unlike other professional organisations, it has no licensing powers and its decisions are not supported by law. Since there are no other organisations of early childhood professionals that are active in all states and territories, and that have registration and licensing power, enforcement of the AECA Code by an appropriate professional association is problematic.

Meanwhile, there is evidence that services are already taking the initiative in relation to enforcement of the AECA Code of Ethics. A few practitioners reported that their services had adopted the Code as policy. In one instance, the management committee had ratified the adoption of the Code as policy. In other services, staff members signed an agreement to abide by the Code. There is a service where staff renewed their written agreement at the beginning of each year. In these services, adherence to the Code has become part of the work contract entered into by staff as individuals and staff as groups, with their employer. Though this trend does not appear to be widespread at present, it reflects the preference of practitioners for enforcement to be the responsibility of the employer. While it may be the case that practitioners perceive that, in principle, the employer is the most appropriate body to enforce adherence to a code of ethics, their preferred option may be due, in part, to a recognition that no definitive professional organisation is currently in a position to monitor professional practice.

Regardless of its adopted position on enforcement, the AECA needs to respond to the feedback of those most affected by the Code — the practitioners. It needs to raise practitioners' awareness of the complexities and controversial issues (Stonehouse, 1991) involved in the AECA establishing itself as a professional association in the traditional sense. As a potential enforcement organisation, it needs to propose how it would monitor individual and service adherence to the Code. In addition, the AECA needs to raise practitioners' awareness of the implications for them of individual employing bodies being responsible for enforcement of the Code. These issues need to be debated in and by the field, including employers and unions, so that practitioners and all other early childhood personnel can clarify their thinking and reach shared understandings about what is best for children, families and early childhood professionals.

Also of value is ongoing discussion about whether the principle of voluntary adherence to the Code should be retained and what the implications of voluntary adherence are for individuals and services. The early childhood field prides itself on its inclusivity. Proof of this approach by its practitioners is the finding in this study that, regardless of qualification, the majority of practitioners are committed to adhering to a uniform code of ethics. This cohesiveness of opinion across all levels of qualification suggests that voluntary adherence to the Code, accompanied by guidelines which describe administrative procedures and support strategies to be implemented in services when breaches of the Code occur, may be a viable way forward. It may be argued, too, that retaining voluntary adherence to the Code allows for flexibility in choosing an appropriate course of action, not only when dealing with breaches of the Code but when implementing its ideals. Finally, whatever the disadvantages of retaining the existing voluntary Code, proponents of an enforceable code will need to convince early childhood professionals that such a code would do more than police those rare examples of totally unacceptable practice which are, in the majority of cases, already subject to current legislation.

CONCLUSION

The results of the study confirm that the majority of practitioners, regardless of their situation, qualification, position of responsibility or experience, perceive ethical issues as worth struggling with intellectually, and are committed to adherence to a uniform code of ethics for early childhood personnel. Though opinion is divided about whether adherence should be voluntary or compulsory, and about what body should be responsible for monitoring adherence to a code, there is a detectable tendency for those practitioners with more years of experience to record positive responses to the notion of compulsory adherence and enforcement by a professional body. Despite their strong support for action taken for code violation being dependent upon the circumstances of the situation, practitioners' preference for appropriate action is limited to counselling and reprimand. The findings of this study support the development of the AECA Code of Ethics and provide a basis for further consideration and debate by the AECA and early childhood field so that strategies for effective implementation of the Code can be devised.

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